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U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration on Aging

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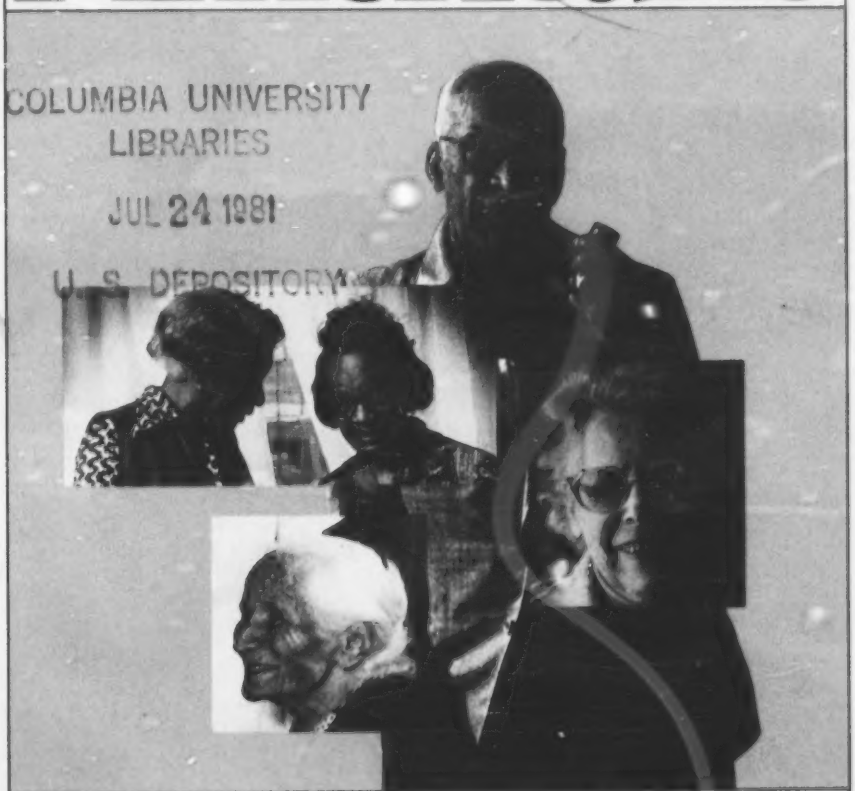
Older Americans



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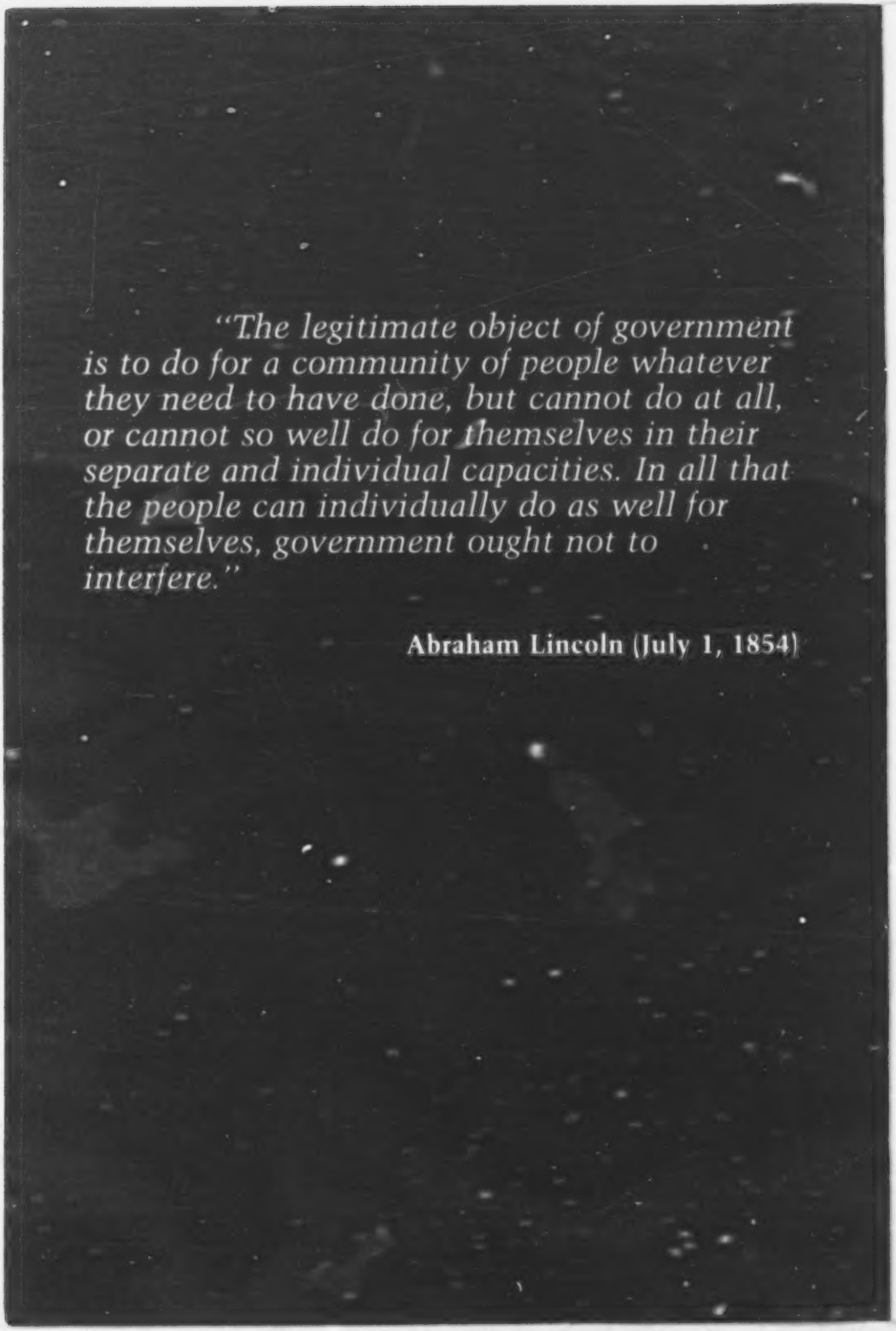
THEN, NOW, INTO THE FUTURE


"The legitimate object of government is to do for a community of people whatever they need to have done, but cannot do at all, or cannot so well do for themselves in their separate and individual capacities. In all that the people can individually do as well for themselves, government ought not to interfere."
Abraham Lincoln (July 1, 1854)

AoA
at a glance

The Administration on Aging (AoA)—in the Office of Human Development Services of the Department of Health and Human Services—is responsible for serving the needs, addressing the concerns and promoting the interests of older Americans.

AoA is the principal agency designated to carry out the provisions of the Older Americans Act of 1965, as amended.

Its social service and nutrition programs now reach into most areas of the United States through a network on aging which includes State agencies on aging with about 600 area agencies on aging at the community level.

AoA also coordinates and evaluates the effect of programs and policies of other Federal agencies on older people. About 30 percent of the Federal budget is spent on programs for older people.

AoA has a staff of about 280 persons in Washington, D.C. and 10 regional offices. Approximately $652 million was appropriated for fiscal 1980 for programs it administers.

THEN

The year was 1965.
The post-war baby boom had begun to fade as birthrates dropped.

Americans were shifting their sights to the other end of the age scale: Almost everyone was living longer—21 years longer in 1965 than at the beginning of the century. The number of older people in the American population had greatly increased. Three million persons 65 and over in 1900 had become 18.4 million in 1965.

A new generation of older people was emerging. The four-generational family was becoming the American norm. Old age itself was changing. Older people had new outlooks, and developed new lifestyles, or simply carried over their active lifestyles from middle age into their older years. Many of them began to think of their retirement years as "extended middle age", a new chance to achieve greater fulfillment, perform useful service to society, and enjoy broader freedom than they could attain in their middle years of life.

Yet, other millions of older Americans were too poor, ill or isolated from friends and family to enjoy their later years of life. More than 29 percent of all Americans 65 and over were living below the poverty level in 1965, and a far larger percentage had no adequate protection against the high costs of health care. Almost one-third of all women 75 and older were living alone, often in poverty and isolation.

Older Americans Act

The year 1965 was a major milestone year in America's coming to grips with the aging of its population. From that year onward, Americans could no longer overlook the needs and concerns of older people or systematically neglect many potential contributions older people can make to the society in which they live.

Two laws of major importance for older Americans and for the nation as a whole were passed by Congress in 1965. First came the Older Americans Act, signed by President Lyndon Johnson on July 14, establishing the Administration on Aging and authorizing the use of Federal funds for programs for older persons. Then, 16 days later, on July 30, President Johnson signed amendments to the Social Security Act authorizing Medicare and Medicaid. These programs increased older Americans' access to health care.

"Bill of Rights of Older Americans"

The Older Americans Act declares that older people are entitled to "full and free enjoyment" of many opportunities, services and conditions. They include adequate income; best possible health, no matter what their economic status; full restorative services in institutions when needed; suitable housing; employment opportunity, without age discrimination; retirement in health, honor and dignity; civic, cultural and recreational opportunities of broad range; efficient community services; research benefits to improve health and happiness; and freedom, independence and free exercise of individual initiative in managing their own lives.

Taken singly or separately, these objectives were not new. Older people had been receiving help for years from a variety of health, housing, income and other programs scattered through many agencies of Federal government.

What was new in the Older Americans Act in 1965 was the series of integrated goals and objectives for older Americans—some persons called them the "Bill of Rights of Older Americans"—and the creation of a specific agency responsible for advancing American society towards those goals. The Administration on Aging was established "as the principal agency for carrying out the Older Americans Act". The 1965 Act and subsequent amendments empower AoA to:

- Serve as the effective and visible advocate for the elderly within the Department of Health and Human Services and other agencies of government, and
- Evaluate and coordinate programs related to older people and work with public agencies and private organizations to improve the lot of older people.

" . . . ten percent is invested in a better future for older people . . . "

These statutes also authorize AoA to serve as a clearinghouse for information on aging; to conduct and arrange for research into the field of aging; to develop training plans and programs and provide for training to fulfill the objectives of the Older Americans Act, and to plan and develop a nationwide network of comprehensive, coordinated services, including health and social services, nutrition continuing education, housing and transportation.

Nine-tenths of Budget for Community Services

The primary goal of AoA programs is to enable older people to lead fully independent lives and avoid unnecessary institutionalization.

In a typical year, about 90 percent of AoA's appropriation is spent to support social services and nutrition programs serving millions of older Americans in every part of the country. The remaining 10 percent of AoA's budget is invested in a better future for older people, through:

- Education and training to meet the needs of a growing population of older people and to develop more effective, economical means of assisting them,
- Research to shed light on current problems and future directions of aging populations,
- Demonstrations to test new systems and services in communities, and
- Programs to help older people secure their rights, benefits and entitlements under the law.

How AoA Funds Are Used

Taking fiscal 1980 as an example, the Administration on Aging received $652 million total appropriations that year and spent about nine-tenths of the total on services. Actual expenditures were $320 million for nutrition services, $247 million for social services, and $6 million to Indian tribes for social and nutrition services.

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". . . more than half the funds used by area agencies come from sources other than AoA . . ."

AoA allocated these funds among the States by a formula based on Census Bureau estimates of the 60-plus population in each State. Each State then funded its area agencies on aging with the money. And the area agencies in turn funded their service providers and sites.

Thus the aging network which reaches from AoA to millions of service-needing older people throughout the country runs through the 57 State and territorial agencies, through about 600 area agencies, through about 25,000 service providers and sites, to many millions of older Americans who use the services.

The area agency works at the community level to assure the delivery of services older people need.

Services which AoA helps communities develop are:

- Services in the home, such as homemaker and home health services, home delivered meals and chore services,
- Services in the community, such as senior centers, day care, congregate meals, protective services and legal and other counseling services,
- Access services, such as transportation and information and referral, which help older people gain access to nutriton sites, medical services, Social Security offices and shopping areas, and
- Services to individuals in institutions, such as Ombudsman services for complaint resolution, transportation to activities outside the institution, and individual friendly visiting and counseling.

More than half of the funds used by area agencies come from public and private resources other than AoA. For example, in 1980 AoA provided $584 million to area agency activities and other sources provided $661 million.

Earlier Programs

Long before Americans were thinking of a Federal program for older people or of creating an agency to move American society towards special programs and services for older persons, some major programs were established to serve the elderly:

In 1920 the Federal Civil Service Retirement Act was passed.

In 1935 the Social Security Act, including old age and survivors and disability insurance and old age assistance, was enacted.

In 1937 the Railroad Retirement Act was passed.

In 1950 there was a national conference on aging.

In 1959 the Housing Act authorized direct loans for housing of elderly and disabled persons.

In 1960 the Federal Employees Health Benefits Act provided health insurance for retired Federal employees.

In 1961 the first White House Conference, faced with widespread poverty among the elderly, urged that a national medical care program for older people be established and a special Federal agency on aging be set up with a statutory base and adequate funding. In a few years the Administration on Aging and Medicare program came into being.

Aging Milestones since 1965

Major developments followed the establishment of AoA. They include the second White House conference on Aging in 1971. It gave new impetus to the aging movement, calling for "the equivalent of a national school lunch program for senior citizens" which Congress mandated in the following year.

In 1971 the Supplemental Security Income program was authorized, providing cash assistance to needy older people.

In 1973 the Federal Council on Aging was established to advise the President, Secretary of Health and Human Services, and Commissioner on Aging about older Americans' special needs.

In 1974 the National Institute on Aging was founded, to conduct research into aging, particularly physical and mental health aspects.

In 1978, AoA social services, senior center programs and nutrition programs were consolidated under the area agencies on aging by terms of amendments to the Older Americans Act. The amendments also strengthened the priority to be given those persons with greatest economic and social need in delivery of services.

NOW

Looking back across the years since 1965, one can see a number of improvements, some of them dramatic, in the status of older Americans.

Poverty is reduced. The proportion of people 65 and over living in poverty has dropped to half of what it was in 1965—from 29 percent then, to 14 percent now.

Health care is more readily available. Medicare and Medicaid have made health care more accessible to older people, and have absorbed a major portion of their doctor and hospital bills.

Life is longer. Five years have been added to life expectancy since 1965. The total gain since 1900 amounts to about 25 years, a 55 percent increase.

Some progress has been made in combatting and overcoming stereotypes of old age. Older people are more assimilated in mainstream American society. Americans seem more aware that people in their 70's and 80's are no more "all alike" than are teenagers or people in their 30's or 50's. In fact, it is becoming clear that the variety of lifestyles, interests, customs, talents, occupations, religious affiliations, ethnic loyalties, and ambitions and aspirations of older people is just about as broad as that of any other age group.

Social, cultural and recreational interests of older people range as widely as anyone else's. A Louis Harris poll shows 31 percent of respondents over 65 attended sports events within the previous year, 44 percent went to museums, 63 percent to libraries, 45 percent to live theater, dance or music performances, 88 percent to restaurants, 29 percent to community centers and recreation centers.

In the same poll, 6 percent said they "spend a lot of time" on political activities, 39 percent gardening or raising plants, 3 percent at golf, tennis, swimming and other sports, 36 percent reading, and 36 percent watching television.

" . . . numbers of disabled and dependent older people are increasing greatly . . . "

Work patterns and attitudes vary broadly. Although most older people are not employed outside their homes, about 13 percent remain in the work force after 65, and another 4 percent want to work.

Ethnically, the older population has a smaller percentage of minority people, with Blacks and other minorities composing about 10 percent of the total older population now. Minority proportions are rapidly increasing, however.

Disability and Dependency Also Increasing

Longer life, better health care, less poverty and apparently increased zest for living in later years are only part of the picture of aging today.

Another part of the picture is the great increase in numbers of disabled and dependent older people.

Each year brings a net increase of about 100,000 elderly persons unable to carry on normal activities of daily living without help.

There are now 4 million to 5 million older persons living in and out of institutions who are functionally disabled, socially isolated, very old or who, for other reasons, depend on others for help with basic activities of their daily lives. They comprise about 18 percent of the population 65 and over.

Furthermore, increasing numbers of very old people are living away from their families, the support systems which older Americans have usually relied on in the past. Half of all women 75 and older now live alone. And the living-alone trend is increasing. Since 1965, the number of older women living alone has increased from 3 million to 5.7 million.

The Loss Continuum

Although older people are extremely diverse, and aging affects each individual in different ways, the aggregate changes in the typical life cycle tend to follow a pattern which sociologists call the loss continuum.

Between 65 and 75 one is likely to experience the first significant set of losses: loss of spouse, friends, job, income and/or accustomed role in life.

Not later than 75, statistics used in the loss continuum show that most individuals experience a serious reduction in sensory acuity, general health and energy levels. This may impede ability to carry out activities of daily living without help.

At 80 or 85 the sensory deterioration becomes more serious, the loss continuum pattern shows. For many, hearing and vision become seriously impaired, and health becomes increasingly problematic.

" . . . highest priority—those with greatest economic or social need . . . "

Preventive Efforts

AoA supports activities to enable older Americans to preserve their independence and health as long as possible, despite the losses that come with aging. Many area agencies on aging have regular health screening programs.

In cooperation with the President's Council on Physical Fitness and Sports, AoA encourages older people to engage in regular physical fitness programs adapted to their own physical abilities. AoA is also working with the Surgeon General's office on a "Health Promotion Disease Prevention Program" aimed at "a major improvement in health, mobility and independence for older people to be achieved largely by reducing by 20 percent the average number of days of illness among this age group."

Aging Programs Expand

The rapid increase in numbers of very old Americans, who are most likely to have severe functional impairments, is one of the main

reasons why Federal spending and other government and private expenditure on programs for older people have increased significantly.

It is estimated that about 30 percent of the Federal budget of fiscal 1979 was spent for programs benefiting older people, compared with about 19 percent of the Federal budget of 1965.

Fiscal 1979 expenditures included:

- $69 billion in Social Security old age and survivors benefits to millions of beneficiaries 65 and over,

- $24 billion in Medicare payments covering about 25 million persons,
- $24 billion in military, civil service, railroad and other Federal pensions,
- $2 billion in Supplemental Security Income (cash public assistance) to about 1.9 million older persons,
- 116,000 units of subsidized housing for the elderly under the Department of Housing and Urban Development's Section 8 program. Additionally, the HUD Section 202 program has cumulative reserves of about $2.8 billion for use as a rolling fund for older persons' housing, and
- And this list would not be complete without naming Food Stamps, Social Services under Title XX of the Social Security Act, and the Administration on Aging programs of social services, and scores of other programs.

Administration on Aging Programs Today

AoA services are not intended to replace the personal day-to-day supports which older people receive from family and friends, but to strengthen and supplement such supports.

It is a fact that families provide more care for older people than all public-funded programs combined. But millions of older people have no families they can count on for help.

The highest priority of AoA programs are the elderly persons with the greatest economic and social need, those most in risk of losing their independence and becoming institutionalized.

Each year, AoA gives Congress a detailed report on services provided to older Americans through the AoA-supported aging network.

In fiscal 1980, the nutrition services included:

- About 40 million home delivered meals to homebound elderly persons, and
- 127 million meals served in group settings.

". . . nutrition sites also help people reintegrate themselves in society . . . "

Social Services in 1979 included:

- Transportation services to 2.2 million persons, giving access to nutrition sites, medical services, shopping and other needs,
- Information and referral services to 2.8 million persons,
- Legal services to 300,000,
- Outreach services to 1.6 million, and
- And a variety of educational, recreational and other services.

Area agencies in 1980 employed about 9,300 full- and part-time persons and 31,000 volunteers. Nutrition services had 32,000 paid employees and 256,000 volunteers.

The clientele for the services is predominantly low-income and female. For example, in the nutrition programs in 1980—both home-delivered and congregate meals—about 64 percent of the clients were low-income. Recent studies show about 70 percent of nutrition program clientele are women, and about 58 percent of the clients were living alone. About 27 percent of recipients were from minority groups—black, Hispanic, native American or other.

In recent years the number of nutrition sites has increased rapidly. There are now 12,500 sites in operation, one for every 2,770 persons over 60. Most nutrition sites also offer some social services. This is in keeping with their aim of not just serving meals but also providing opportunities for social contacts and integration into society. Many older people suffer from severe isolation.

Investments in the Future

While about 90 percent of the AoA budget is spent on day-to-day operation of nutrition and social services throughout the United States, the remaining 10 percent goes towards education, training, research, model projects, and other efforts to improve the lot of older people in years ahead.

At present, about one hundred research projects are building up information and know-how to run coordinated social services more effectively and less expensively.

Other research projects are shedding light on the obstacles older people meet in their search for needed services, and are suggesting ways of removing the obstacles. For example, one project is unraveling reasons why so many people never get the mental health treatment they need. Another is helping visually impaired older people maintain their independence. About one million older persons have severe sight problems and many of them need such help.

Education and training programs of AoA have helped more than 130,000 persons develop and improve their skills and knowledge for serving the elderly.

AoA grants to colleges, universities and other institutions provide scholarships for students preparing careers in gerontology. About 80 such university grants are now in operation.

For several years AoA has focused major efforts on securing for older people a full share of benefits from programs of all government agencies. In many cases the vehicle for assuring such a fair share of benefits is an interagency agreement between AoA and the other agency in question. The agreement generally sets forth a series of steps to open services more widely to the elderly, or launches new projects destined specifically for the elderly.

Some examples follow:

In housing:

- AoA and the Farmers Home Administration of the Agriculture Department are constructing 10 model housing facilities in rural areas for older people with functional disabilities,
- AoA assisted the Department of Housing and Urban Development with its Congregate Housing Services Program and is evaluating the program's impact on older people, and
- Also with HUD, the Administration on Aging is helping to locate social services programs within special housing for the elderly. About 1,600 nutrition sites serving hot lunches are located within elderly housing projects.

In health:

- AoA and the Health Services Administration (HSA) are cooperatively funding 11 projects to demonstrate delivery of primary health care services to the elderly. These projects serve as models for the 1,500 HSA clinics and hospitals.

In income:

- AoA is working with the Social Security Administration to identify persons over 75 who have lost contact with Social Security.

" . . . hundreds of thousands could remain in their homes . . . "

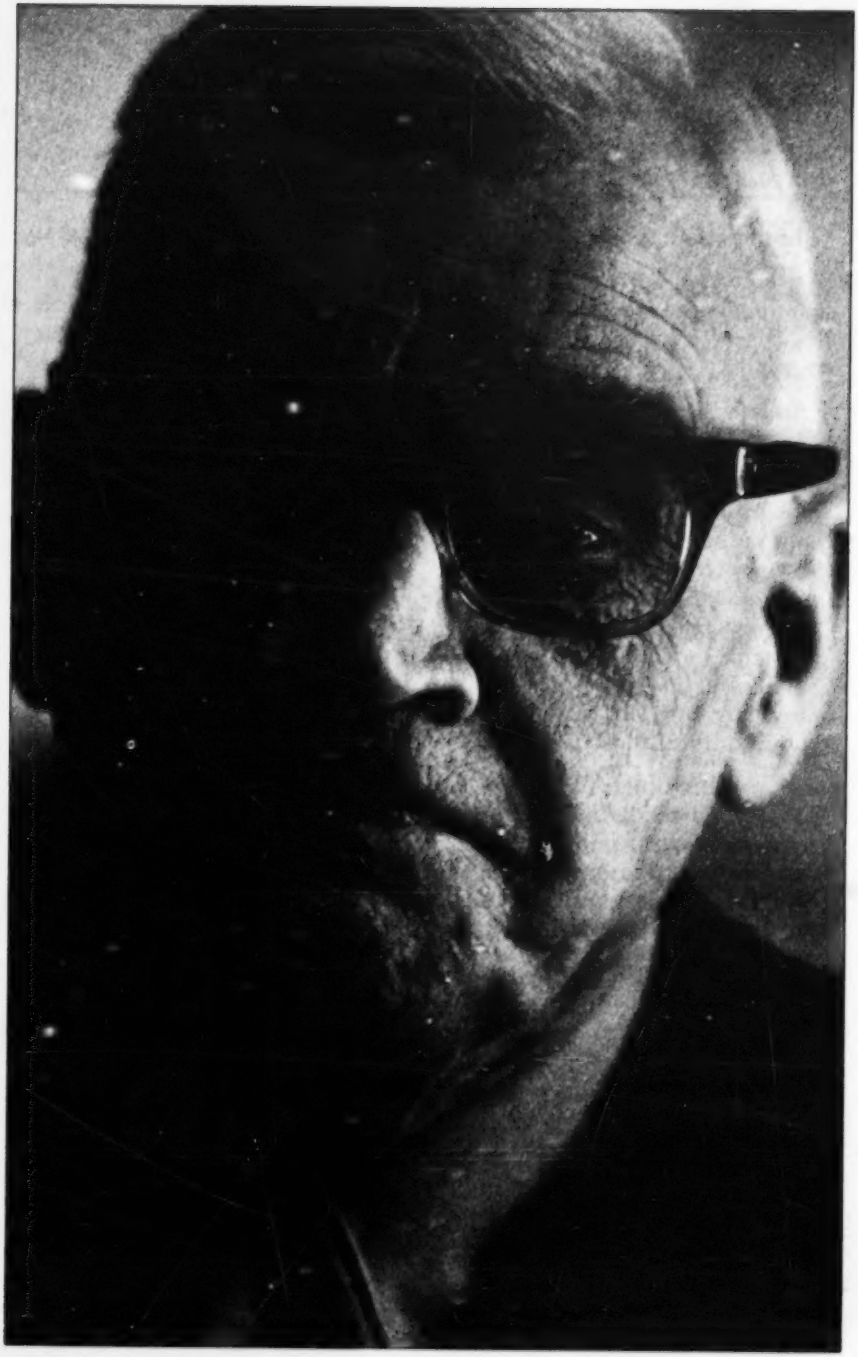
In nutrition:

- Agriculture Department commodities supplement the foods served in AoA nutrition programs.

In long term care:

- Hundreds of thousands of persons in nursing homes could remain in their own homes and communities if long-term care services were available to them. AoA is working with Medicare and Medicaid and many other programs in Health and Human Services to find new ways to providing long-term care in the community to those needing it.
- At the same time, AoA funds have been helping develop long-term care programs in 29 universities, to expand their capacity to train physicians, nurses, social workers and health planners in long-term care delivery. The university centers also conduct research in long-term care and give technical aid to State and local governments.

In addition, AoA collects and disseminates information on aging. A broad range of information is gathered and needed information is provided to old people themselves and those who work in fields of aging, including gerontologists practitioners, administrators and other specialists. AoA has the special responsibility of helping to develop and improve the information and referral services which apprise older people of services available in their communities.



INTO THE FUTURE

Longevity and declining birth rates will speed up the aging of the American population through the next half century.

In the year 2000, the 60-plus population will reach about 42 million.

It will surge to about 71 million in 2035, as children born during the 1946-64 baby boom reach and pass the age of 60.

People over 60 then will constitute about one quarter of the whole American population, instead of one-sixth at present and one-sixteenth in 1900.

For each person 60-plus there will then be just 2.2 persons between the ages of 18 and 60, instead of today's ratio of 3.6 to 1. Thus, unless society develops ways of enabling and encouraging those over age 60 to participate in greater numbers in the work force than at present, responsibility for support of a dependent older population will fall on a significantly smaller proportion of the population than it does today.

And the number of persons aged 85-plus is projected to rise to 6.9 million, from about 2.3 million today.

There are already 4 to 5 million older people today with disabilities which keep them from coping with normal activities of daily living.

One of the most crucial problems is how to increase options for non-institutional care.

Most older people with disabilities are better served by helping them to maintain their independence in their homes and communities as long as possible.

Yet more money goes to maintain people in nursing homes alone than for the combined cost of Supplemental Security Income, all housing programs for the elderly, home care under Medicare and Medicaid, and all social services for older people.

The years ahead will see dramatic increases in the number of very old persons with disabilities.

AoA has a leading role in expanding the amount of non-institutional supports available to disabled older persons.

But aging of the American people carries a challenge still greater than that of caring for growing numbers of dependent older people.

The greatest challenge of the future lies in reordering society to assure older people broader outlets for their talents, skills and energies.

It would be an enormous waste if America failed to channel their talent and energy in constructive directions for the benefit of all society.

Most older people want to remain active, productive, participating in every aspect of social and community life. They want to be accountable. They want to be involved.

Perhaps the Administration on Aging's most important task is to help assure that older people have a chance to prove all they can do.

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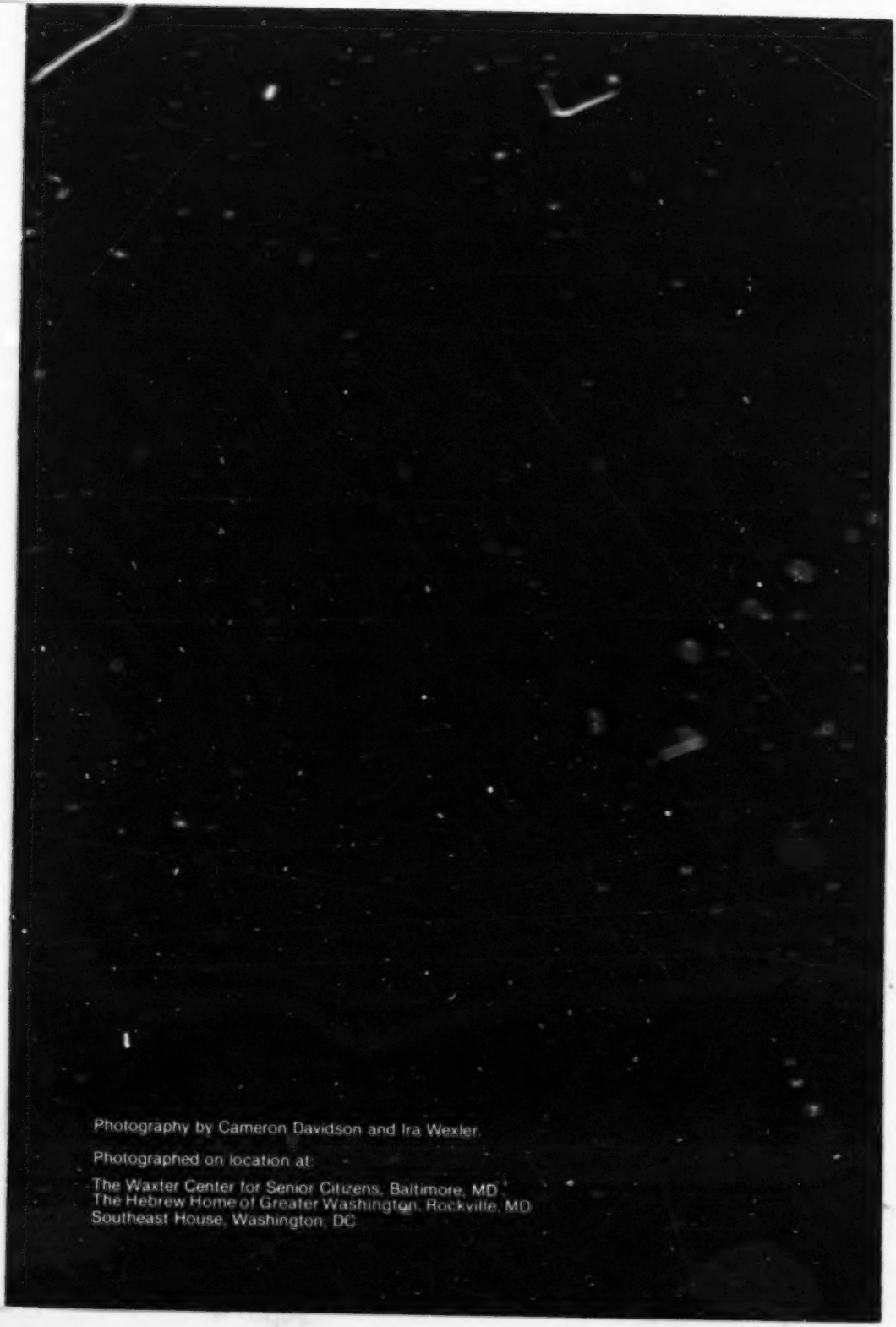

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